

# Executive Summary

## **Demographics:**

Indiana is a mostly rural state with several urban and metropolitan centers that had an estimated population of 6,159,068 people, based on projections from the Census Bureau for 2003. The majority of the population (88.9%) is White and Non Hispanic, followed by African Americans (8.6%). The remainder of the population is comprised of Asian-Americans, American Indians and Alaska Natives, and Pacific Islanders. The population is predominantly Non Hispanic (96.0%), with a small, but fast growing Hispanic minority (4.0%).

## **Prevalence:**

By the end of 2003, a total of 7,365 people were infected with HIV/AIDS in the state of Indiana. The disease continues to be male dominated, with the number of infected males almost five times higher than that of females. The rate of infection was at 198.9 for males and 41.4 for females per 100,000 persons of the general population. At the time of this report most of the infected persons are in the age range from 30 to 49 years of age. The majority of persons infected were diagnosed in their mid twenties to late thirties. More than three out of ten people currently infected are African American, while about six out of ten people with HIV/AIDS were white. Based on the smaller numbers of African Americans in the general population, the infection rate of that racial group (482.6/100,000) is about three times the rate of the Hispanic (151.7/100,000) and almost six times the rate of the White group (84.0/100,000). The HIV/AIDS epidemic continues to affect racial and ethnic minorities disproportionately.

Each infected person is classified with a risk category of how they most likely were infected with the disease. The overwhelming majority of risk categories were Men Having Sex with Men (MSM). Its rate per 100,000 people of the population is between seven and ten times higher than the other risk categories for all infected people. The prevalence rate of the MSM risk category is the highest across all race and ethnicity groups, but it is especially pronounced for African Americans.

Geographically, the majority of infected people that were diagnosed in Indiana are also living here (98%). Within the state of Indiana, most infected people are concentrated in the urban areas of the state, with the majority living in Health Region 6, corresponding to Central Indiana and the Indianapolis Metropolitan area, with 221.3 per 100,000 infected people. Other regions with large numbers of HIV/AIDS infected people include region 1 (142.4/100,000) which corresponds to the northwest part of the state adjacent to Chicago, and regions 5, 7 and 8 with about 90 per 100,000 of the general population.

## **Incidence:**

The number of newly infected persons in Indiana was 427, which equates to a rate of 6.9 per 100,000 persons in 2003. Consistent with the overall population of HIV/AIDS infected persons, the majority of new infections are among males between the ages of 30 to 39 years of age. The male incidence rate is more than three times higher than the

female rate. Among the new infections with HIV/AIDS, African Americans have a rate that is twice as large as their Hispanic counterparts, and almost eight times that of Whites. Although African Americans make up only about 8.6% of the population, they account for 38.2% of all new infections. Consistent with the composition of the total infected population, males are predominant among new infections for all racial and ethnic groups. The rate of new infections with HIV/AIDS among African American males (44.9/100,000) is especially high, compared to their Hispanic (25.7) and White (6.9) counterparts. The incidence rate by mode of transmission is highest for the MSM risk category, whose rate of 5.5 per 100,000 is outranking all other risk categories and whose main contributors are African American (15.6/100,000) and Hispanic (11.3/100,000). Geographically, almost half of all newly infected persons (49.1%) live in Health Region 6 in Central Indiana, while the second largest group of almost 10% of all newly infected persons lives in Region 8 in south-central Indiana. Within all the regions, Marion County and Lake County had the most new infections in the reported time period.

### **Mothers with HIV:**

The Epidemiologic Profile tracks the number of children that are born to HIV positive mothers. By the end of 2003 a total of 421 children had been born to HIV positive mothers. More than two thirds (67%) of the exposed children were identified as definitely not infected, while about 12% tested positive for HIV. Almost 8% of the exposed children were diagnosed as having developed AIDS. The infection status of the remainder of the children (15.4%) had not been definitively identified. More than half (53.2%) of infected mothers are African American, while 41.6% are White. Hispanic women make up 3.8% of all HIV positive mothers. Most of expecting mothers were diagnosed as HIV positive before their pregnancy (43%), while almost a third (30.6%) was diagnosed during the pregnancy. Please note that these numbers include all children that were born to HIV positive mothers, including those that were born before medication was available to prevent the spread of the HIV virus from mother to child.

### **Mortality:**

The number of people that died of HIV/AIDS related complications in Indiana peaked around the year 1995 and started to drop sharply thanks to the widespread availability of anti-retroviral medications. In 2003 there were 104 compared to 126 deaths in 2002. The majority of deaths among infected persons were White and African American males that were 40 to 49 years of age. By far the largest risk group was MSM, with a mortality rate of 0.89 per 100 infected people, identical to last year's rate. The MSM risk group rate is more than three times that of the other rates. Geographically, the highest mortality rates occurred in Regions 2 in North-central Indiana and a belt consisting of the Regions 7, 8 and 9 south of central Indiana, with rates of 2.26, 2.10, and 2.13 respectively per 100 infected people.

### **Mobility:**

Of the total number of infected people, 151 persons that were diagnosed with HIV/AIDS in Indiana and were still alive have migrated out of state by the end of 2003. At the same time a total of 537 people had moved to Indiana that were diagnosed with the disease in another state. That number is up slightly from 505 persons in the previous year. More

infected White people have left the state than have moved here after they were diagnosed. In terms of numbers, 60.9% of infected persons that have left Indiana are White, compared to only 54.3% of those that moved to Indiana. In contrast, more African Americans have left our state (38.4%) than moved here after they were diagnosed in another state (32.4%). A similar result is true for infected persons of Hispanic ethnicity. The number of Hispanics that were diagnosed with HIV/AIDS and moved to Indiana (5.4%) was smaller than the number of Hispanics moving out of the state (6.6%). Looking at all the people that moved to Indiana, more than a third (35.6%) have settled in central Indiana's Health Region 6. The rest is distributed more or less equally among the other regions of the state.

### **Counseling and Testing Data:**

In 2003, a total number of 27,414 HIV/AIDS tests were administered in Indiana, with 235 (or 0.86%) positive test results. Slightly more males than females (52.7% to 47.3%) were tested. The rate of positive results was largest for Whites (10.0 per 1,000), followed by African American (8.0 per 1,000) and Hispanic (7.2 per 1,000). The largest number and highest rate of HIV positive results came from the 30 to 39 year old age range. Among the possible risk categories, the largest positive rate was in the risk group MSM (44.5 per 1,000). Its rate was more than twice as high as the rate of the next most often mentioned mode of transmission, MSM/IDU (19.7 per 1,000).

### **Youth Risk Factor Surveillance System (YBRFSS):**

The Youth Behavioral Risk Factor Surveillance System (YBRFSS) surveys youth health-risk behaviors in six domains: (1) behaviors which facilitate unintentional injuries and violence, (2) tobacco use, (3) alcohol and drug uses, (4) sexual behaviors related to pregnancy and sexually transmitted diseases, (5) unhealthy dietary behaviors, and (6) physical inactivity and being overweight. The information gathered from the YBRFSS reveals that three-quarters of adolescents have used alcohol and nearly half have used marijuana. Almost half of adolescents in Indiana have had sexual intercourse, while almost four out of ten are still sexually active at the present time. An encouraging 92% of Indiana adolescents have been taught about HIV and AIDS infection in school, yet only slightly more than half of them (55.4%) used a condom during the last sexual intercourse.

### **Behavioral Risk Factor Surveillance System (BRFSS):**

Assessing the indicators of risk for HIV/AIDS in Indiana, a survey was conducted that asked specific questions to a representative group of adult Indiana residents. Only about 40% of the surveyed population overall have been tested for HIV, compared to a national average of 41.7%. Of those tests, the majority were done by a private doctor or HMO. Slightly more than half of the surveyed knew that an HIV positive pregnant woman can

get treatment to help reduce the chances of passing the virus on to the child, while more than nine out of ten (91.5%) did have knowledge of the availability of medical treatments that are intended to help a person who is infected with HIV to live longer. Finally, less than one in ten (7.8%) of surveyed Hoosiers had a conversation with a health professional about preventing sexually transmitted diseases other than HIV through condom use in the past 12 months.

**STD:**

Chlamydia is the most frequently reported sexually transmitted disease in Indiana, with 16,828 cases reported in 2003, followed by Gonorrhea with 6,594 cases and 370 cases of Syphilis. The numbers of all new infections have declined since 2002. Females outnumber males for both Chlamydia and Gonorrhea, while Syphilis is more prevalent among males (almost 60% to 40%). African Americans make up the majority of all STD cases in the last year. In 2003, Indiana had 70 cases of acute Hepatitis B and only one person with an acute infection with Hepatitis C. The total number of chronic Hepatitis C infections for the state was reported to be 6,314 people. And finally, 143 cases of TB were reported in Indiana in 2002, out of which seven persons were also HIV positive.

**Care Issues:**

In the fiscal year 2003, that runs from April 1, 2003 to March 31, 2004, the funding for Title II of the Ryan White CARE Act added up to a total of \$10,555,376. The majority of that budget (79.51%) finances Health Insurance Assistance Programs (HIAP), while the rest is used for other medical and social services.

Of the 149 persons enrolled in the ADAP program in 2003, almost six out of ten (59.7%) are White, and almost a quarter (22.8%) are African American. One in ten recipients (10.1%) is Hispanic. The majority selected MSM as their main category of risk behavior.